

35 – EXPOSURE, CLIMBING

ALASKA



THE STORY:

A group of climbers had achieved their goal of summiting a peak in Alaska when they noticed the weather deteriorating. They opted to continue down past their high camp hoping to descend to the 14,000' (4,200m) level before the imminent storm arrived. During the descent, the winds increased to 60 m.p.h. (97 kph) with temps. of approx. 0° F (-17°C). On arrival at the 14,000' camp, a 28 y/o female complained of painful, stiff hands. Apparently, while adjusting her crampons a couple of hours earlier, the wind had blown away her overmitts and not wishing to slow the descent, she hadn't called for a stop to replace them. At 1800hrs., the Pt stated that she thought the sensation in her fingers had been absent

for a couple of hrs. On exam, the patient was awake and in pain. The thumb, first, and second digits on her right hand were white and hard to the touch up to the second knuckle. The other two fingers were white and hard to the first knuckle. There were a couple of white patches on the right side of the Pt's cheek though these were soft to the touch. Vitals: Pulse: 96, Resp.: 20, Skin: normal except as noted above. Pt stated she had no known allergies, took 125mg of acetazolamide twice a day, had never sustained a frostbite injury before, had last eaten a cliff bar three hrs. previously and had not had much water since midday.

Put the appropriate information from the story above into the correct spaces provided in the SOAP note. Develop an Assessment for 1800hrs. with Anticipated Problems and an appropriate Treatment Plan.

At 1700 hrs. (23 hrs. later), the storm had raged all night and was likely to continue through a second night making an evacuation impossible. All the climbers had spent the storm adequately sheltered in tents melting snow and rehydrating from the long summit day. The Pt's fingers had been wrapped with gauze and the patchy areas of frostnip on her face

had been rewarmed immediately with skin contact. She had been taking large doses of ibuprofen since her arrival in camp but the pain from her slowly rewarming digits had become almost unbearable. Already, there were blood-filled blisters forming on the injured fingers.

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QUESTIONS

1. If your evacuation plan included traversing nontechnical terrain to air evacuation as soon as the storm cleared, how might this situation be managed?
2. What about a more remote setting with technical terrain and no possibility of assisted evacuation?

ASSESSMENT AND TREATMENT PLAN

A = Assessment (Problem List)	A' = Anticipated Problems	P = Treatment Plan
1800		
Frostbite R fingers (deep)	swelling / pain with rewarming	dress / monitor
Frostnip R cheek (superficial)	frostbite	immediate rewarming
		hydration / food
1700 (day 2)		
Passively rewarming frostbitten fingers.	pain / swelling / infection	change dressings
		pain meds / monitor

NOTES

What Actually Happened Next ...

Given that the patient could access air evacuation relatively easily, the fingers were immediately rewarmed in a pot of water kept at 100° F (38° C). Large blood-filled blisters formed within 24 hrs. post rewarming and the first and second fingers turned purple. The Pt was flown from the mtn. as soon as the storm cleared and transferred to the hospital where tissue was debrided from the tips of all fingers. Nails on the thumb, fist, and second fingers were lost and never grew back.
